

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002441

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 164Primary Registration District No. 3032Registrar's No. 3

STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Johnsonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Warrensburg,Length of stay in lb
8 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Warrensburg Medical CenterInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

c. CITY

OR
TOWN Rural, #2, Leeton,

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

R.R.#2, Leeton, Mo.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LONNIEGLENZUMALT4. DATE
OF
DEATH

Month

Day

Year

January 6th. 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-9-1940

9. AGE (last birthday)

21

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

High School

11. BIRTHPLACE (City and state or country)

Warsaw, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Johny Floyd Zumalt

13b. MOTHER'S MAIDEN NAME

Anna Lorene Farrier

14. NAME OF HUSBAND OR WIFE

single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

nono

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

J.F. Zumalt, Leeton, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchiectasis, acute & chronic

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rhinitis, with minimal residual

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-25-51 to 1-6-1962 and last saw him alive on 1-6-1962Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. Ledner MD

22b. ADDRESS

M.D. Warrensburg, Missouri.

22c. DATE SIGNED

1-8-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-9-1962

23c. NAME OF CEMETERY OR CREMATORY

Mineral Creek Cemetery

23d. LOCATION (City, town, or county)

Leeton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

The Brauningers, Warrensburg, Mo.

25. DATE REC'D. BY LOCAL REG.

Jan. 9, 1962

26. REGISTRAR'S SIGNATURE

Savannah Crutcher

(Licensed Embalmers' Statement on Reverse Side)

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4989

P. O. Address Wrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.